

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001965

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 670

FILED FEB 15 1962

## 1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITYLength of stay in 1b  
2 WEEKSc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION RESEARCH HOSPITALInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE KANSAS b. COUNTY WYANDOTT

c. CITY OR TOWN KANSAS CITY

Inside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
240 N 35 STReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HOREN

E

REDMOND

## 4. DATE OF DEATH

Month

Day

Year

FEB 4

1962

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10-20-17

## 9. AGE (last birthday)

44

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FOREMAN

## 10b. KIND OF BUSINESS OR INDUSTRY

MEAT PRODUCERS

## 11. BIRTHPLACE (City and state or country)

GENERT MO

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

CHARLES REDMOND

## 13b. MOTHER'S MAIDEN NAME

LYDIA SALSMAN

## 14. NAME OF HUSBAND OR WIFE

SYBIL REDMOND

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

W.W.II

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

[REDACTED]

## Address

[REDACTED]

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

Terminal Pneumonia

Adenocarcinoma of Cardia of Stomach

## INTERVAL BETWEEN ONSET AND DEATH

16 days

7 mos.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Dec 9, 1961 to Feb 4, 1962

and last saw him alive on 12<sup>00</sup> noon

## Death occurred at

12:55 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

## (Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

William A. Leo, M.D.

K.C. Mo.

2/5/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

D.W.N. [REDACTED]

2-5-62

NATIONAL CEMETERY F.T. LEADENWORTH

Keith Long

(Licensed Embalmer's Statement on Reverse Side)

*He also Registered Body*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Jess F. Dew*

Licensed Embalmer No. 4453

P. O. Address *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.